

**State of Nevada**  
**REQUEST FOR CHILD ABUSE/NEGLECT SCREENING**

This is a request for any reports and investigations made pursuant to Nevada Revised Statutes (NRS) 432B. The release of information concerning reports and investigations may be made available to designated individuals whose primary concern is child safety (NRS 432B.290), e.g. law enforcement, corrections, public child welfare agencies and licensed child placing agencies.

Person(s) For Whom Information Is Being Requested (Include all household members over the age of 18)			
1. Applicant Name:		Date of Birth:	
Alias/Maiden name(s) used:		Social Security Number:	
2. Applicant Name:		Date of Birth:	
Alias/Maiden name(s) used:		Social Security Number:	
3. Applicant Name:		Date of Birth:	
Alias/Maiden name(s) used:		Social Security Number:	

Children				
A. Name (s) of children in family or home - include any other name(s) used:			DOB:	SSN:
Last Name:	First:	Middle		
1.)				
2.)				
3.)				
4.)				

Release to an agency/individual related to:

- ☐ Foster parent licensing      ☐ Kinship care provider      ☐ Adoption  
☐ CASA      ☐ Other (please list below)

Explanation: \_\_\_\_\_

Print Name/Title of Person Requesting Data	Signature	Agency Name
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Fax Number	Telephone Number	Agency Address
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**(For Central Office Use Only)**

- ☐ No Record Found  
☐ Record Found (Please See Attached)

Date:	Signature:
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Name/Title (Print): \_\_\_\_\_